Form Approved - OMB No. 0505-0025 Expiration Date: 02/29/2016

AD-3030-FS U.S. DEPARTMENT OF AGRICULTURE				
REPRESENTATIONS REGARDING FELONY CONVICTION AND TAX DELINQUENT STATUS FOR CORPORATE APPLICANTS				
Note: You only need to complete this incorporation in one of the 50 S American Samoa, Federated St. Republic of Palau, Republic of non-profit entities.	States, the District of Colu ates of Micronesia, Guan the Marshall Islands, or t	umbia, or the various ter n, Midway Islands, Nort the U.S. Virgin Islands.	ritories of the hern Mariana Corporations	United States including Islands, Puerto Rico, include both for profit and
The following statement is made in acc information is sections 433 and 434 of be used to confirm applicant status con	trie Consolidateo Abbrobriation	S ACT 2012 PT 112-74 and	e iheaduant eimil	or proviniana. The information will
According to the Paperwork Reduction information unless it displays a valid Oi required to complete this information or searching existing data sources, gather	IVIB control number. I he valid (ollection is estimated to average	OMB control number for this in a 15 minutes per response, inc	formation collect	ion is 0505-0025. The time
		:		
1. APPLIÇANT'S NAME	2. APPLICANT'S ADDR	ESS (Including Zip Code)		3. TAX ID NO. (Last 4 digits)
 4A. Has the Applicant been convicted application? YES NO 4B. Has any officer or agent of Applic under Federal law in the 24 months 	ant been convicted of a fo	elony criminal violation		
4C. Does the Applicant have any unpa remedies have been exhausted or h the authority responsible for collec	ave lapsed, and that is no	at has been assessed, for ot being paid in a timely YES NO	which all jud manner pursu	licial and administrative nant to an agreement with
Providing the requested information is ineligible to enter into a contract, mem USDA.	voluntary. However, fai orandum of understandir	lure to furnish the reque ng, grant, loan, loan guar	sted informat antee, or coop	ion will make the applicant perative agreement with
PART B – SIGNATURE			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Water the second se
5A. APPLICANT'S SIGNATURE (BY)		HIP OF THE INDIVIDUAL I RESENTATIVE CAPACITY		5C. DATE SIGNED (MM-DD-YYYY)

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.